

CARLISLE RECREATION

66 Westford Street • Carlisle, MA 01741 • Phone: 978-369-9815 • Fax: 978-371-6686

www.carlisle.org/recreation • rec@carlisle.mec.edu

"Making lifelong learning fun in Carlisle"

Program Registration Form

Please print legibly and use one registration form for each participant. You may register for program in person at the Recreation Department, by mail, fax, phone or on-line at www.carlisle.ma.gov/registration with a MC, Visa or Discover.

REGISTRATION FORM - PLEASE PRINT LEGIBLY

Participant Name: _____ DOB: _____ Grade: _____ M/F

Address: _____ City, State: _____

Email: _____ **NOTE:** Program Cancellations will be made via email.

Home #: _____ Work #: _____ Cell/Emergency #: _____

Does participant have any conditions or physical limitation about which the staff should know? Please Explain:

I verify that the participant, be it my child or myself, has been checked by a licensed physician & is physically able to participate fully prior to attending the following program(s). I give permission for medical treatment to be given to the participant if the need arises. I assume all risks resulting from participation in the following program(s) & will hold harmless Carlisle Recreation and/or its employees of any & all liability actions, causes of actions, claims, & demands of every kind & nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Signature of Participant: _____ Date: _____
(Signature of Parent/Guardian is required if participant is under 18 years of age)

Please print name of participant or parent/guardian: _____

Program	Day/Time	Dates	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I would like to make a tax-free donation to Carlisle Recreation _____

Total _____

Payment must be made in full by check payable to "Town of Carlisle" or by credit card as specified below.

All programs must have sufficient enrollment to be offered. Participants should consider their application accepted unless otherwise notified. We are unable to prorate fees for missed classes. A Recreation Credit in the amount of the program fee less \$25 processing fee will be granted for cancellations requested up to two weeks prior to the start of the program. No credits will be granted thereafter.

Credit Card Information:

Visa () MC () Discover () Print Name on Credit Card: _____

Card #: _____ Expiration Date: _____ CVV Code: _____

Signature: _____ Date: _____

For Office Use Only: Date Recv: _____ Check #: _____ Amt: _____ By: _____
